UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

Melvin Williams

(Enter above the full name of the plaintiff or plaintiffs in this action)

vs.

Wexford Health Source Inc.
Dr. Saleh Obaisi
Dr. A. MartiJA

(Enter above the full name of ALL defendants in this action. Do not use "et al.")

15c 10853
Judge Thomas M. Durkin
Magistrate Judge Mary M. Rowland
PC 5

CHECK ONE ONLY:

X **COMPLAINT UNDER THE CIVIL RIGHTS ACT, TITLE 42 SECTION 1983 U.S. Code** (state, county, or municipal defendants)

____ **COMPLAINT UNDER THE CONSTITUTION ("BIVENS" ACTION), TITLE 28 SECTION 1331 U.S. Code** (federal defendants)

____ **OTHER** (cite statute, if known)

BEFORE FILLING OUT THIS COMPLAINT, PLEASE REFER TO "INSTRUCTIONS FOR FILING." FOLLOW THESE INSTRUCTIONS CAREFULLY.

I. **Plaintiff(s):**

A. Name: Melvin Williams

B. List all aliases: NONE

C. Prisoner identification number: A01181

D. Place of present confinement: Stateville Correctional Center

E. Address: 16830 So. Broadway, Joliet, IL 60434

(If there is more than one plaintiff, then each plaintiff must list his or her name, aliases, I.D. number, place of confinement, and current address according to the above format on a separate sheet of paper.)

II. **Defendant(s):**
(In A below, place the full name of the first defendant in the first blank, his or her official position in the second blank, and his or her place of employment in the third blank. Space for two additional defendants is provided in B and C.)

A. Defendant: Wexford Health Sources Inc.

Title: Health Care Vendor

Place of Employment: Stateville Correctional Center

B. Defendant: Dr. Saleh Obaisi

Title: On-Site Medical Director

Place of Employment: Stateville Correctional Center

C. Defendant: Dr. A. Martija

Title: Attending Physician

Place of Employment: Stateville Correctional Center

(If you have more than three defendants, then all additional defendants must be listed according to the above format on a separate sheet of paper.)

III. **List ALL lawsuits you (and your co-plaintiffs, if any) have filed in any state or federal court in the United States:** Melvin Williams v. Marcus Hardy, et al Case No. 11 CV 4838

A. Name of case and docket number: Melvin Williams v. Ronald Schaefer M.D., et al, Case No. 14 CV 982

B. Approximate date of filing lawsuit: 2-10-14

C. List all plaintiffs (if you had co-plaintiffs), including any aliases: None

D. List all defendants: Ronald Schaefer, Ronald Shate, Catelina Bautista

E. Court in which the lawsuit was filed (if federal court, name the district; if state court, name the county): United States District Court Northern District

F. Name of judge to whom case was assigned: Judge Durkin

G. Basic claim made: Medical Deliberate Indifference

H. Disposition of this case (for example: Was the case dismissed? Was it appealed? Is it still pending?): Still pending

I. Approximate date of disposition: 7-28-15 in part Cont 8- -15

IF YOU HAVE FILED MORE THAN ONE LAWSUIT, THEN YOU MUST DESCRIBE THE ADDITIONAL LAWSUITS ON ANOTHER PIECE OF PAPER, USING THIS SAME FORMAT. REGARDLESS OF HOW MANY CASES YOU HAVE PREVIOUSLY FILED, YOU WILL NOT BE EXCUSED FROM FILLING OUT THIS SECTION COMPLETELY, AND FAILURE TO DO SO MAY RESULT IN DISMISSAL OF YOUR CASE. CO-PLAINTIFFS MUST ALSO LIST ALL CASES THEY HAVE FILED.

IV. **Statement of Claim:**

State here as briefly as possible the facts of your case. Describe how each defendant is involved, including names, dates, and places. **Do not give any legal arguments or cite any cases or statutes.** If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

1.) Defendant Wexford Health Source Inc. is sued in their individual Capacity as Healthcare provider to prisoners at Stateville Correctional Center, while acting under color of law, violated Plaintiff's 8th Amendment United States' Constitutional right against Cruel and unusual punishment, by impli-menting a cost cutting policy or practice that are deliberate indifferent to Mr. Williams Serious medical need for treatment of his glaucoma. Defendant has instuted a cost cutting policy or practice that is the moving force behind delaying Plaintiff's opthalmology follow up for "end stage glaucoma, glaucoma drainage implant," and therapy from January 29, 2014 to present, aggravating Plaintiff's condition to cut the cost of treatment.

2.) Defendant Dr. Saleh Obaisi is sued in his individual Capacity while acting under color of law, violated Plaintiff's 8th Amendment United

States Constitutional right against cruel and unusual punishment, where Defendant was deliberately indifferent to Plaintiff's serious medical need for treatment of his glaucoma. On May 20, 2014 Defendant held back a medical referral by Dr. Jason Dunn O.D. to send Plaintiff to the University of Illinois Clinic for treatment of "endstage glaucoma" and "maximum medical therapy" from October 30, 2013. Defendant never marked the form approved or denied but placed the form in Plaintiff medical file along with several service approval forms that went unanswered causing delay in treatment for Plaintiff's glaucoma due to failure to schedule the surgery.

3. Defendant Dr. A. Martija is sued in her individual capacity while acting under color of law, violated Plaintiff's 8th Amendment United States Constitutional right against cruel and unusual punishment, where Defendant was deliberately indifferent to Mr. Williams' serious medical need. Plaintiff, after waiting two years to have drainage implant surgery for "endstage glaucoma," Defendant, changed Plaintiff's

insulin from Lantis to NPH and regular, a cheaper insulin, causing Plaintiff's A1C to become too high to have his glaucoma drainage implant surgery and posing serious health risk to Mr. Williams' diabetes.

End Complaint

V. **Relief:**

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

Plaintiff seek an injunction requiring Defendants jointly and severally follow the recommed treatments for his glaucoma, $500,000.00 in damages, and any other relief this Court deems just and proper, Appoint counsel.

VI. The plaintiff demands that the case be tried by a jury. ☑ YES ☐ NO

CERTIFICATION

By signing this Complaint, I certify that the facts stated in this Complaint are true to the best of my knowledge, information and belief. I understand that if this certification is not correct, I may be subject to sanctions by the Court.

Signed this 20 day of OCT, 2015

Melvin Williams

(Signature of plaintiff or plaintiffs)

Melvin Williams

(Print name)

A-01181

(I.D. Number)

P.O. Box 112 Joliet, IL. 60434

(Address)

WEXFORD HEALTH SOURCES INCORPORATED

To: Site Medical Director & HSA

From: Utilization Management

Date/Time: 01/29/201411:28:16

Subject: Inmate Name: WILLIAMS, MELVIN
Inmate Number: A01181
Site: STATEVILLE CC
Service:
92012 EYE EXAM ESTABLISH PATIENT

Authorization ID: 568251537

Based upon a review of the information provided, Service is Approved.

Comments:
APPROVED FOR OPTHALMOLOGY FOLLOW UP, 3 MONTHS AFTER LAST VISIT, R/T HX END STAGE GLAUCOMA. APPROVED BY DR GARCIA OUTSIDE OF COLLEGIAL DUE TO ABSENCE OF DR OBAISI. IQ MET.

From: Dr Garcia
Dedicated Utilization Management

Foster Plaza4 - 501 Holiday Drive - Pittsburgh, PA 15220
877-939-2884 or 800-353-8384 - Phone
412-937-9151 - Fax
WWW.WEXFORDHEALTH.COM

WEXFORD HEALTH SOURCES INCORPORATED

To: Site Medical Director & HSA

From: Utilization Management

Date/Time: 05/13/201407:19:59

Subject: Inmate Name: WILLIAMS, MELVIN
Inmate Number: A01181
Site: STATEVILLE CC
Service:
66183 INSERT ANT DRAINAGE DEVICE

Authorization ID: 388067259

Based upon a review of the information provided, Service is Approved.

Comments:
5-12-14 RCVD REQUEST FOR GLAUCOMA DRAINAGE IMPLANT OS - APPROVED BY DR. GARCIA IN COLLEGIAL WITH DR. OBAISI FOR PT WITH ADVANCED GLAUCOMA AND BLINDESS OD, DROPS NOT CONTROLLING OS PRESSURE. MEETS IQ.

From:
Dedicated Utilization Management

Foster Plaza4 - 501 Holiday Drive - Pittsburgh, PA 15220
877-939-2884 or 800-353-8384 - Phone
412-937-9151 - Fax
WWW.WEXFORDHEALTH.COM

ILLINOIS DEPARTMENT OF CORRECTIONS

Offender Outpatient Progress Notes

Stateville Correctional Center

Offender Information:

WILLIAMS	MELVIN		ID#: A01181
Last Name	First Name	MI	

Date/Time	Subjective, Objective, Assessment	Plans
	Continued Diabetes Chronic Clinic	
		Education Diet
	Control	**Smoking Cessation**
	(**Good**, circled) =Upper limit normal of HgA1C <7	
	Fair = 2% points above upper limit normal of HgA1C 7 - 9	**Medication** ✓
	Poor => 2% points above upper limit normal HgA1C > 9	
		Activity ✓
		Glucose Monitoring ✓
	# Severe eyesight [illegible]	**Foot Care**
	blurred (L) e	
	(R) eye Bl[illegible]	**Hypo/Hyperglycemia symptoms & mgmt** ✓
		RON SCHAEFER
		Schaefer m
		Special Placement/ Program Needs
		Low Bunk____ **Low Gallery**____
		Slow walk Permit______
		Assignment Restrictions (specify)

DELIVERED NOV 1 8 2014

WEXFORD HEALTH SOURCES INCORPORATED

To: Site Medical Director & HSA

From: Utilization Management

Date/Time: 11/18/201409:31:38

Subject: Inmate Name: WILLIAMS, MELVIN
Inmate Number: A01181
Site: STATEVILLE CC
Service:
92012 EYE EXAM ESTABLISH PATIENT

Authorization ID: 734192930

Based upon a review of the information provided, Service is Approved.

Comments:
11-17-14 APPROVAL PER DR. RITZ IN COLLEGIAL WITH DR. OBAISI FOR OPTHALMOLOGY F/U AT UIC FOR PT WITH ADVANCED GLAUCOMA AND BLINDESS OD, DROPS NOT CONTROLLING OS PRESSURE. PT IS ESTABLISHED UIC PATIENT, WAS PREVIOUSLY APPROVED FOR GLAUCOMA SURGERY BUT IT WASN'T SCHEDULED. PT NEEDS OPTHALMOLOGY F/U ASAP. MEETS IQ.

**NEEDS SCHEDULED WITHIN 6 WEEKS, PLEASE SEE COMMENTS ABOVE. IF UNABLE TO SCHEDULE, NOTIFY WEXFORD*

From:
Dedicated Utilization Management

Foster Plaza4 - 501 Holiday Drive - Pittsburgh, PA 15220
877-939-2884 or 800-353-8384 - Phone
412-937-9151 - Fax
WWW.WEXFORDHEALTH.COM

ILLINOIS DEPARTMENT OF CORRECTIONS

Medical Special Services Referral and Report

Stateville Correctional Center
(Facility)

Offender's Name: Williams, Melvin ID# A61181

Reason for Referral: ☐ Consult ☐ Non-Formulary Medications ☐ Medical Equipment
☐ Evaluation ☐ Management
☒ Procedure/service (specify) AVF, OCT
☐ Other (specify)

Urgent: ☐ Yes ☒ No

Referred to: UIC - Glaucoma 5-2/14

Rationale for Referral: Endstage glaucoma on maximum medical therapy. Blind OD due to RD. UIC requesting repeat AVF in appx 2mths from Oct/2013

Jason Quinn O.D. — Referring Practitioner's Signature — 10-30-13
Print Referring Practitioner's Name — Date

Report of Referral (Use Reverse Side, if necessary)

Findings: Adv glaucoma on
VA CC < NLP 20/25 IOP < 21 19

Assessment: Adv glaucoma on c NLP vision

Recommendations/Plans: IOP not @ goal UC glaucoma drains
implant OS pt aware proceed
continue timolol/Brimonidine/Trusopt BID, Xalatan QH

Print Practitioner's Name — Practitioner's Signature — 5/7/14
Date

Facility Medical Director Use Only
I have reviewed the recommendations and:

☐ Approve.

☐ Deny or revise as indicated on the Notification of Medical Service Referral Denial or Revision, DOC 0255.

Print Facility Medical Director's Name — Facility Medical Director's Signature — 5/20/14
Date

Distribution: Offender's Medical File, and if denied/revised, Heath Care Unit Administrator

DOC 0254 (Eff.4/200
(Replaces DC 710

STATE OF ILLINOIS
DEPARTMENT OF CORRECTIONS
OPTICAL PRESCRIPTION ORDER

Account # _____

3/12/2020

VENDOR

Illinois Correctional Industries
P.O. Box 809
Dixon, Illinois 61021-0809

Institution		
Address		
City	State	Zip
Inmate Name (First, Mi, Last)	Register No.	
Michael William	A-01181	

	POWER			PRISM					DPD	NPD
	SPHERE	CYLINDER	AXIS	IN	OUT	UP	DOWN	O.C. HEIGHT		
R	-1.50								76	75
L	-1.75	-.50	70							

	SEGMENT		BASE CURVE				Special Instructions
	ADD	HEIGHT		DEC	INSET	TOTAL	
R	+2.00	17					
L	+2.00	17					

	LENS STYLE
R	
L	

LENS MATERIAL
Check One:
- Glass ☐
- Plastic ☒
- Polycarb ☐

MFG	FRAME NAME	FRONT / CHASSIS COLOR
	Tyson	Black

EYE	DBL	TRIM STYLE	TRIM COLOR
54	20		

TPL SIZE R	TPL SIZE L	TEMPLE STYLE	TEMPLE COLOR
145	145		

[signature] (Optician)
Requested By

Authorization #

Approved

DC 288 (3/86)
IL 426-7206

ILLINOIS DEPARTMENT OF CORRECTIONS

Offender Optometric Examination

_____ Center

☐ Baseline ☐ Annual

Date: 8/17-10

Time: 9:00 ☐a.m. ☐p.m.

Offender Information:

Last Name: [redacted] First Name: [redacted] MI: ___ ID#: [redacted]

Chief Complaint: _____

HPI:	**Ocular History:**
Location:	☐ Cataracts:
Duration:	☐ Glaucoma:
Onset :	☐ Disease:
Severity:	☐ Trauma/Surgery:
Ti ming:	☐ Strabismus:
Modifiers:	☐ Amblyopia:

Medical History: ☐ NIDDM ☐ IDDM ☐ Hypertension ☐ Other: _____

Visual Acuity: Uncorrected Distance: ☐ OD 20/ ☐ OS 20/ ☐ OU 20/

Uncorrected Near: ☐ OD 20/ ☐ OS 20/ ☐ OU 20/

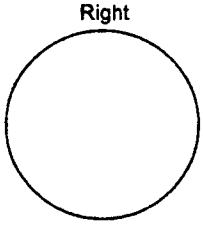
[redacted]bitual Rx:	OD ~~-150~~ Blend +200	+200	20/	Type: ☐ SV ☐ Bifocal
	OS -175-50x70		20/	Date: / /
[redacted]fraction:	OD Blend +150 Bal.		20/25	Type: ☐ SV ☐ Bifocal
	OS +150-100x70		20/20	Date: / /
Near:	OD +200		20/	Type: ☐ SV ☐ Bifocal
	OS		20/	Date: / /

Pupils: ☐ Round ☐ Equal ☐ Responds to Light/Accommodation ☐ APD

Motilities: ☐ Full ☐ Abnormal **Confrontational Fields:** ☐ Full ☐ Abnormal

Tonometry: ☐ Applanation ☐ Tonopen ☐ NCT OD _____ OS _____ Time: _____

Cover Test:	Distance	Near	**Slit Lamp Exam:**	WNL	ABNL
Eso			Cornea	✓	
Exo			Conjuctiva	✓	
Tropia			Iris/Ant. Chamber	✓	
Phoria			Lens	✓	
Ortho			Lids/Lashes	✓	

Opthalmoscopy:	WNL	ABNL	Right	Left	**Method:**
[redacted]c	✓				☒ Direct
[redacted]s sels	✓				☐ BIO
Macula	✓				☐ 78D
Periphery	✓				☐ 3 mirror
Vitreous	✓				☐ Other: _____

[redacted]p to disc: OD _____ OS _____ Cup Depth: ☐ Deep ☐ Moderate ☐ Shallow ☐ PE 2.5%. Trop 1%

[redacted]essment/Plan: 1. _____

2. _____

3. _____

4. _____

5. _____

[redacted]ions Ordered: _____

[redacted]es Ordered: Frame: Esprit Scott Size: 50/20 Color Charcoal

-150 Add: +200 Seg Height: 13mm

-150-100x70 ☐ SV ☒ FT28 ☐ Reading Only PD 75/75

Print Doctor's Name: [redacted] Doctor's Signature: [redacted] OD

Follow-Up: _____ Date

[redacted]ler's Medical Record

DOC 0081 (Eff. 9/2002)

Printed on Recycled Paper

ILLINOIS DEPARTMENT OF CORRECTIONS

Offender Optometric Examination

Stateville Correctional Center

☐ Baseline ☐ Annual

Date: 9/21/11

Time: 10 46 ☐a.m. ☐p.m.

Offender Information:

William Melvin ____ ID#: A01184

Last Name First Name MI

Chief Complaint: _____

HPI:

Location: _____

Duration: _____

Onset: _____

Severity: _____

Timing: _____

Modifiers: _____

Ocular History:

☐ Cataracts: _____

☐ Glaucoma: _____

☐ Disease: _____

☐ Trauma/Surgery: _____

☐ Strabismus: _____

☐ Amblyopia: _____

Medical History: ☐ NIDDM ☐ IDDM ☐ Hypertension ☐ Other: _____

Visual Acuity: Uncorrected Distance: ☐ OD 20/ ☐ OS 20/ ☐ OU 20/

Uncorrected Near: ☐ OD 20/ ☐ OS 20/ ☐ OU 20/

Habitual Rx: OD -1.50 +2.00 20/ Type: ☐ SV ☐ Bifocal

OS -1.50 -1.00 x 70 20/ Date: / /

Refraction: OD _____ 20/ Type: ☐ SV ☐ Bifocal

OS _____ 20/ Date: / /

Near: OD _____ 20/ Type: ☐ SV ☐ Bifocal

OS _____ 20/ Date: / /

Pupils: ☐ Round ☐ Equal ☐ Responds to Light/Accommodation ☐ APD

Motilities: ☐ Full ☐ Abnormal **Confrontational Fields:** ☐ Full ☐ Abnormal

Tonometry: ☐ Applanation ☐ Tonopen ☐ NCT OD _____ OS _____ Time: _____

Cover Test:	Distance	Near	Slit Lamp Exam:	WNL	ABNL
Eso			Cornea		
Exo			Conjuctiva		
Tropia			Iris/Ant. Chamber		
Phoria			Lens		
Ortho			Lids/Lashes		

Need Eyedrops Rush

Opthalmoscopy:	WNL	ABNL	Right	Left	Method:
Disc					☐ Direct
Vessels					☐ BIO
Macula					☐ 78D
Periphery					☐ 3 mirror
Vitreous					☐ Other: _____

Cup to disc: OD _____ OS _____ Cup Depth: ☐ Deep ☐ Moderate ☐ Shallow ☐ PE 2.5% Trop 1%

Assessment/Plan:

1. _____
2. _____
3. _____
4. _____
5. _____

Medications Ordered: _____

Eyeglasses Ordered: Frame: _____ Size: _____ Color: _____

Rx: OD _____ Add: _____ Seg Height: _____

OS _____ ☐ SV ☐ FT28 ☐ Reading Only PD 78/75

N. PATTERSON O.D. Norman M Patterson OD

Print Doctor's Name Doctor's Signature

Follow-Up: _____ Date

Distribution: Offender's Medical Record

DOC 0081 (Eff 9/2002)

ILLINOIS DEPARTMENT OF CORRECTIONS

Offender Optometric Examination

_____ Center

☐ Baseline ☐ Annual

Date: 8 17 11

Time: _____ ☐a.m. ☐p.m.

Offender Information:

William Nelson ID#: A01181

Last Name First Name MI

55

Chief Complaint: _____

HPI:	Ocular History:
Location:	☐ Cataracts:
Duration:	☐ Glaucoma:
Onset :	☐ Disease:
Severity:	☐ Trauma/Surgery:
Ti ming:	☐ Strabismus:
Modifiers:	☐ Amblyopia:

Medical History: ☐ NIDDM ☐ IDDM ☐ Hypertension ☐ Other: _____

Visual Acuity: Uncorrected Distance: ☐ OD 20/200 ☐ OS 20/70 ☐ OU 20/

Uncorrected Near: ☐ OD 20/ ☐ OS 20/ ☐ OU 20/

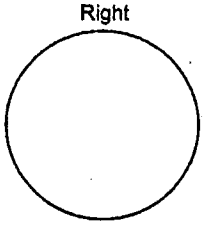
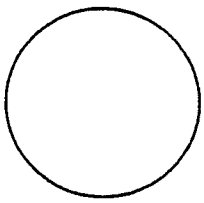
Habitual Rx:	OD	+1.50	20/	Type: ☐ SV ☐ Bifocal
	OS	-1.50-1.00x 70 +2.00	20/	Date: / /
Refraction:	OD	Band	20/	Type: ☐ SV ☐ Bifocal
	OS	-1.00-1.00x 20	20/25	Date: / /
Near:	OD		20/	Type: ☐ SV ☐ Bifocal
	OS	+2.00	20/	Date: / /

Pupils: ☐ Round ☐ Equal ☐ Responds to Light/Accommodation ☐ APD

Motilities: ☐ Full ☐ Abnormal **Confrontational Fields:** ☐ Full ☐ Abnormal

Tonometry: ☐ Applanation ☐ Tonopen ☐ NCT OD _____ OS _____ Time: _____

Cover Test:	Distance	Near	Slit Lamp Exam:	WNL	ABNL
Eso			Cornea		
Exo			Conjuctiva		
Tropia			Iris/Ant. Chamber		
Phoria			Lens		
Ortho			Lids/Lashes		

Opthalmoscopy:	WNL	ABNL	Right	Left	Method:
Disc					☐ Direct
Vessels					☐ BIO
Macula					☐ 78D
Periphery					☐ 3 mirror
Vitreous					☐ Other: _____

Cup to disc: OD _____ OS _____ Cup Depth: ☐ Deep ☐ Moderate ☐ Shallow ☐ PE 2.5%. Trop 1%

Assessment/Plan:

1. _____
2. _____
3. _____
4. _____
5. _____

Medications Ordered: _____

Eyeglasses Ordered: Frame: Target Kraft Size: 50/20 Color: CC

Rx: OD Bad Add: +2.00 Seg Height: _____

OS -1.00-1.00x 70 ☐ SV ☒ FT28 ☐ Reading Only PD 78/76

_____ Print Doctor's Name

Thomas D Patterson OD Doctor's Signature

Follow-Up: _____ Date

Distribution: Offender's Medical Record

DOC 0081 (Eff. 9/2002)

Printed on Recycled Paper

ILLINOIS DEPARTMENT OF CORRECTIONS

Offender Optometric Examination

Stateville Center

☐ Baseline ☐ Annual

Date: 6/28/12

Time: 9:40 ☑ a.m. ☐ p.m.

Offender Information: Williams (Last Name) Melvin (First Name) ___ (MI) ID#: A01161

Chief Complaint: POAG

HPI:
- Location: Timolol 5rd
- Duration: Katadan qhs No drops x chart
- Onset: dorzolamide b.i.d 2 of 2 only in
- Severity: ocular
- Timing: Bromonidine 5rd
- Modifiers: OS only

Ocular History:
- ☐ Cataracts:
- ☐ Glaucoma:
- ☐ Disease:
- ☐ Trauma/Surgery: RD OD - Blind
- ☐ Strabismus:
- ☐ Amblyopia:

Medical History: ☐ NIDDM ☐ IDDM ☐ Hypertension ☐ Other:

Visual Acuity:
- Uncorrected Distance: ☐ OD 20/ ☐ OS 20/ ☐ OU 20/ 20-2
- Uncorrected Near: ☐ OD 20/ ☐ OS 20/ ☐ OU 20/

Habitual Rx:
- OD -1.50 20/ Type: ☐ SV ☒ Bifocal
- OS -1.50 -1.00 x 072 +2.00 20/ Date: 9/17/11

Refraction:
- OD 20/ Type: ☐ SV ☐ Bifocal
- OS 20/ Date: / /

Near:
- OD 20/ Type: ☐ SV ☐ Bifocal
- OS 20/ Date: / /

Pupils: ☒ Round ☐ Equal ☒ Responds to Light/Accommodation ☐ APD

Motilities: ☒ Full ☐ Abnormal **Confrontational Fields:** ☐ Full ☐ Abnormal

Tonometry: ☒ Applanation ☐ Tonopen ☐ NCT OD ___ OS 10 Time: ___

Cover Test:	Distance	Near	Slit Lamp Exam:	WNL	ABNL
Eso			Cornea		
Exo			Conjuctiva		
Tropia			Iris/Ant. Chamber		
Phoria			Lens		
Ortho			Lids/Lashes		

Opthalmoscopy:	WNL	ABNL
Disc	OS	OS UTA OD
Vessels	OD	
Macula	OD	
Periphery	Not viewed	
Vitreous	OS	

Right / Left

Method: ☐ Direct ☐ BIO ☐ 78D ☐ 3 mirror ☒ Other: 90 D.

Cup to disc: OD UTA OS .9 Cup Depth: ☒ Deep ☐ Moderate ☐ Shallow ☐ PE 2.5%. Trop 1%

Assessment/Plan:
1. POAG - end stage on maximum medical therapy, IOP well controlled
2. Refer out for testing VF
3. Gave tetrahydrozoline gtts for eyes being difficult to open
4.
5.

Medications Ordered:

Eyeglasses Ordered: Frame: ___ Size: ___ Color: ___

Rx: OD ___ Add: ___ Seg Height: ___

OS ___ ☐ SV ☐ FT28 ☐ Reading Only PD ___

Jason Dunn O.D
Print Doctor's Name

Doctor's Signature

Follow-Up: PRN Date

Distribution: Offender's Medical Record

DOC 0081 (Eff. 9/2002)

Printed on Recycled Paper

ILLINOIS DEPARTMENT OF CORRECTIONS

C448

Administrative Review Board
Return of Grievance or Correspondence

Offender: Williams (Last Name) Melvin (First Name) ____ (MI) A01181 (ID#)

Facility: Statesville CC

☒ Grievance: Facility Grievance # (if applicable) H238 Dated: 5/4/15 or ☐ Correspondence: Dated: ____

Received: 8/26/15 (Date) Regarding: Medical - Hep C, Diabetes, eye surgery

The attached grievance or correspondence is being returned for the following reasons:

Additional information required:

- ☐ Provide a copy of your written Offender's Grievance, DOC 0046, including the counselor's response, if applicable.
- ☐ Provide a copy of the Response to Offender's Grievance, DOC 0047, including the Grievance Officer's and Chief Administrative Officer's response, to appeal.
- ☐ Provide dates of disciplinary reports and facility where incidents occurred.
- ☐ Unable to determine nature of grievance or correspondence; submit additional specific information. Please return the attached grievance or correspondence with the additional information requested to: Administrative Review Board, Office of Inmate Issues, 1301 Concordia Court, Springfield, IL 62794-9277

Misdirected:

- ☐ Contact your correctional counselor regarding this issue.
- ☐ Request restoration of Statutory Sentence Credits to Adjustment Committee. If the request is denied by the facility, utilize the offender grievance process outlined in Department Rule 504 for further consideration.
- ☐ Contact the Record Office with your request or to provide additional information.
- ☐ Personal property issues are to be reviewed at your current facility prior to review by the Administrative Review Board.
- ☐ Address concerns to: Illinois Prisoner Review Board, 319 E. Madison St., Suite A, Springfield, IL 62706

No further redress:

- ☐ Award of Supplemental Sentence Credits are discretionary administrative decisions; therefore, this issue will not be addressed further.
- ☒ Not submitted in the timeframe outlined in Department Rule 504; therefore, this issue will not be addressed further.
- ☐ This office previously addressed this issue on ____ (Date).
- ☐ No justification provided for additional consideration.

Other (specify): ____

Completed by: Debbie Knauer (Print Name) Debbie Knauer (Signature) 9/17/15 (Date)

Distribution: Offender, Inmate Issues

Printed on Recycled Paper

DOC 0070 (Rev.4/2013)

ILLINOIS DEPARTMENT OF CORRECTIONS

OFFENDER'S GRIEVANCE

Date: 7/5/15	Offender: (Please Print) Williams, M.	ID#: A-01181
Present Facility: Stateville	Facility where grievance issue occurred: Stateville	

NATURE OF GRIEVANCE:

- ☐ Personal Property
- ☐ Staff Conduct
- ☐ Transfer Denial by Facility
- ☐ Mail Handling
- ☐ Dietary
- ☐ Transfer Denial by Transfer Coordinator
- ☐ Restoration of Good Time
- ☒ Medical Treatment
- ☐ ADA Disability Accommodation
- ☐ HIPAA
- ☐ Other (specify): _____

☐ Disciplinary Report: ___/___/___ (Date of Report) _____ (Facility where issued)

Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification.

Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Shakedown Record, etc.) and send to:

Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to direct review by the Administrative Review Board.
Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor.
Chief Administrative Officer, only if **EMERGENCY** grievance.
Administrative Review Board, only if the issue involves transfer denial by the Transfer Coordinator, protective custody, involuntary administration of psychotropic drugs, issues from another facility except personal property issues, or issues not resolved by the Chief Administrative Officer.

Summary of Grievance (Provide information including a description of what happened, when and where it happened, and the name or identifying information for each person involved):

Grievant is a type two (2) diabetic who also suffers from the eye disease glaucoma. I have been approved to have drainage implant but is unable to have it done because Dr. Martija changed my insulin from Lantis to NPH and regular sense then my A1C level has been to high to have the procedure done. It has been over two (2) years. Grievant requires a 60 day Eye ~~examine~~ exam, a 6 month foot exam, Urine check for Ketones, Lotion to prevent dry skin to help prevent

Relief Requested: That each of my concerns are addressed and the proper adjustments are made in accord with medical procedures and practise. All required medical care and $30.000 in damage.

☐ Check only if this is an **EMERGENCY** grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.

Williams, M. (Offender's Signature) A-01181 (ID#) 7,5,15 (Date)

(Continue on reverse side if necessary)

Counselor's Response (if applicable)

Date Received: 7,16,15 ☐ Send directly to Grievance Officer ☐ Outside jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277

Response: a Copy of this grievance has been forwarded to the HCU for review and response and the original grievance has been forwaeded to the grievance office. There is no need to send your copy to grievance office or the HCU. You will receive a final response from the grievance office when the HCU responds back.

J. Lamon 7,16,15

ILLINOIS DEPARTMENT OF CORRECTIONS
OFFENDER'S GRIEVANCE (Continued)

vent infections and to maintain proper skincare. Grievant requires two juices in his snack bag as well as a snack bag at breakfast and at dinner. Dr. Martija has made it impossible to maintain, manage and lower my A1C. Dr. Martija's decisions are based solely on saving Wexford money. None of her decisions are based on my medical needs at all, her agenda is financial not medical.

I need to be placed back on LANTIS so I can lower my A1C in order to have the APPROVED PROCEDURE DONE. My vision often becomes very blurry and sometimes when I wake up in the morning I have a hard time opening up my eyes.

If this matter is not corrected ASAP, you are violating my 8th Amended Right and Civil Actions will follow.

1.) Receive DRAINAGE IMPLANT SURGERY.
2.) Place back on LANTIS
3.) To be seen by OPTHALMOLOGY every 60 days
4.) LINE CHECK
5.) Feet exam
6.) LOTION
7.) Snack bag, BREAKFAST and Dinner.

See EXHIBITS 1-4 Attached

C448

ILLINOIS DEPARTMENT OF CORRECTIONS

Administrative Review Board
Return of Grievance or Correspondence

Offender: Williams (Last Name) Melvin (First Name) ____ (MI) A01181 (ID#)

Facility: Statesville CC

☒ Grievance: Facility Grievance # (if applicable) _____ Dated: 7/5/15 or ☐ Correspondence: Dated: _____

Received: 8/21/15 (Date) Regarding: Medical - Dr. Martyja

The attached grievance or correspondence is being returned for the following reasons:

Additional information required:

- ☐ Provide a copy of your written Offender's Grievance, DOC 0046, including the counselor's response, if applicable.
- ☒ Provide a copy of the Response to Offender's Grievance, DOC 0047, including the Grievance Officer's and Chief Administrative Officer's response, to appeal.
- ☐ Provide dates of disciplinary reports and facility where incidents occurred.
- ☐ Unable to determine nature of grievance or correspondence; submit additional specific information. Please return the attached grievance or correspondence with the additional information requested to: Administrative Review Board
  Office of Inmate Issues
  1301 Concordia Court
  Springfield, IL 62794-9277

Misdirected:

- ☐ Contact your correctional counselor regarding this issue.
- ☐ Request restoration of Statutory Sentence Credits to Adjustment Committee. If the request is denied by the facility, utilize the offender grievance process outlined in Department Rule 504 for further consideration.
- ☐ Contact the Record Office with your request or to provide additional information.
- ☐ Personal property issues are to be reviewed at your current facility prior to review by the Administrative Review Board.
- ☐ Address concerns to: Illinois Prisoner Review Board
  319 E. Madison St., Suite A
  Springfield, IL 62706

No further redress:

- ☐ Award of Supplemental Sentence Credits are discretionary administrative decisions; therefore, this issue will not be addressed further.
- ☐ Not submitted in the timeframe outlined in Department Rule 504; therefore, this issue will not be addressed further.
- ☐ This office previously addressed this issue on _____ (Date).
- ☐ No justification provided for additional consideration.

Other (specify): _____

Completed by: Debbie Knauer (Print Name) Debbie Knauer (Signature) 9/18/15 (Date)

Distribution: Offender
Inmate Issues

Printed on Recycled Paper

DOC 0070 (Rev.4/2013)

ILLINOIS DEPARTMENT OF CORRECTIONS

OFFENDER'S GRIEVANCE

Date: 3/2/15 | Offender: (Please Print) Williams, M. | ID#: A-01181

Present Facility: Stateville (HCL) | Facility where grievance issue occurred: Stateville (HCL)

NATURE OF GRIEVANCE:

- ☐ Personal Property
- ☐ Staff Conduct
- ☐ Transfer Denial by Facility
- ☐ Mail Handling
- ☐ Dietary
- ☐ Transfer Denial by Transfer Coordinator
- ☐ Restoration of Good Time
- ■ Medical Treatment
- ☐ ADA Disability Accommodation
- ☐ HIPAA
- ☐ Other (specify)

GRIEVANCE OFFICE MAR 19 2015

☐ Disciplinary Report: ___/___/___ (Date of Report) Facility where issued STA# H238

Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification.

Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Shakedown Record, etc.) and send to:

Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to direct review by the Administrative Review Board.
Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor.
Chief Administrative Officer, only if **EMERGENCY** grievance.
Administrative Review Board, only if the issue involves transfer denial by the Transfer Coordinator, protective custody, involuntary administration of psychotropic drugs, issues from another facility except personal property issues, or issues not resolved by the Chief Administrative Officer.

Summary of Grievance (Provide information including a description of what happened, when and where it happened, and the name or identifying information for each person involved):

I HAVE BEEN SCHEDULED AND RESCHEDULED FOR BOTH EYE SURGERY AS WELL AS TREATMENT FOR HEP. C, I CAN NOT RECEIVE TREATMENT FOR EITHER BECAUSE I WAS TAKEN OFF OF THE ONLY MEDICATION FOR MY DIABETES THAT KEPT MY A1C LEVEL DOWN WHICH WAS THE INSULIN ATLANTIS THIS INSULIN WAS THE ONLY ONE THAT WAS WORKING FOR ME ALONG WITH THE REGULAR. THE INSULIN I'M TAKING NOW IS NOT WORKING AND I CAN'T GET IN TREATMENT.

Relief Requested: TO BE PUT BACK ON ATLANTIS ASAP! AND ONCE I'VE LOWERED MY A1C, TO BE SENT OUT FOR TREATMENT FOR MY EYE'S AND TO BE TREATED FOR HEP-C.

☐ Check only if this is an **EMERGENCY** grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.

Williams, M. (Offender's Signature) | A-01181 (ID#) | 3,2,15 (Date)

(Continue on reverse side if necessary)

Counselor's Response (if applicable)

Date Received: 3,6,15

☐ Send directly to Grievance Officer

☐ Outside jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277

Response: A copy of this grievance has been forwarded to the HCU for review and response and the original grievance has been forwarded to the grievance office. There is no need to send your copy to the grievance office or the HCU. You will receive a final response from the grievance office after the HCU responds

ILLINOIS DEPARTMENT OF CORRECTIONS

RESPONSE TO COMMITTED PERSON'S GRIEVANCE

C448

Grievance Officer's Report

Date Received: 3/19/15 **Date of Review:** 4/14/15 **Grievance #** H238

Committed Person: Williams **ID#:** A01181

Nature of Grievance: Medical Treatment

Facts Reviewed:

THE GRIEVANT COMPLAINS OF BEING DENIED MEDICAL TREATMENT

Per I Sangster LPN

AFTER REVIEWING THE OFFENDERS MEDICAL RECORDS: THE INMATE WAS SEEN @ UIC GLAUCOMA CLINIC 5/2/14. 3/10/15 HE WAS APPROVED TO GO BACK. HE IS SEEN IN THE HEPATITIS CLINIC REGULARLY AND HAS TO MEET A CERTAIN CRITERIA TO BE REFERRED TO THE OUTSIDE FOR TREATMENT. THE GRIEVANT IS ALSO SEEN IN THE DIABETIC CLINIC AND TREATMENT IS BEING MANAGED BY THE PROVIDER.

This Grievance Officer has no medical expertise or authority to contradict the doctor's recommendation / diagnosis.

Recommendation: **No action as grievant appears to be receiving appropriate medical care at this time.**

Jill Parrish, CCII — Print Grievance Officer's Name

Parrish CCII — Grievance Officer's Signature

(Attach a copy of Committed Person's Grievance, including counselor's response if applicable)

Chief Administrative Officer's Response

Date Received: 5/11/15 ☒ I concur ☐ I do not concur ☐ Remand

Comments:

ILLINOIS DEPARTMENT OF CORRECTIONS

Administrative Review Board
Return of Grievance or Correspondence

Offender: Williams (Last Name) Melvin (First Name) ___ (MI) A01181 (ID#)

Facility: Stateville CC

☒ Grievance: Facility Grievance # (if applicable) _____ Dated: 2/20/15 or ☐ Correspondence: Dated: _____

Received: 8/26/15 (Date) Regarding: Medical - wants to see eye doctor for glaucoma

The attached grievance or correspondence is being returned for the following reasons:

Additional information required:

- ☐ Provide a copy of your written Offender's Grievance, DOC 0046, including the counselor's response, if applicable.
- ☐ Provide a copy of the Response to Offender's Grievance, DOC 0047, including the Grievance Officer's and Chief Administrative Officer's response, to appeal.
- ☐ Provide dates of disciplinary reports and facility where incidents occurred.
- ☐ Unable to determine nature of grievance or correspondence; submit additional specific information. Please return the attached grievance or correspondence with the additional information requested to: Administrative Review Board
  Office of Inmate Issues
  1301 Concordia Court
  Springfield, IL 62794-9277

Misdirected:

- ☐ Contact your correctional counselor regarding this issue.
- ☐ Request restoration of Statutory Sentence Credits to Adjustment Committee. If the request is denied by the facility, utilize the offender grievance process outlined in Department Rule 504 for further consideration.
- ☐ Contact the Record Office with your request or to provide additional information.
- ☐ Personal property issues are to be reviewed at your current facility prior to review by the Administrative Review Board.
- ☐ Address concerns to: Illinois Prisoner Review Board
  319 E. Madison St., Suite A
  Springfield, IL 62706

No further redress:

- ☐ Award of Supplemental Sentence Credits are discretionary administrative decisions; therefore, this issue will not be addressed further.
- ☒ Not submitted in the timeframe outlined in Department Rule 504; therefore, this issue will not be addressed further.
- ☐ This office previously addressed this issue on _____ (Date).
- ☐ No justification provided for additional consideration.

Other (specify): _____

Completed by: Debbie Knauer (Print Name) Debbie Knauer (Signature) 9/17/15 (Date)

Distribution: Offender
Inmate Issues

Printed on Recycled Paper

DOC 0070 (Rev.4/2013)

C448

ILLINOIS DEPARTMENT OF CORRECTIONS

OFFENDER'S GRIEVANCE

Date: 6/15/15	Offender: (Please Print) Williams, M.	ID#: A-01181
Present Facility: Stateville C.C.	Facility where grievance issue occurred: Stateville C.C.	

NATURE OF GRIEVANCE:

- ☐ Personal Property
- ☐ Staff Conduct
- ☐ Transfer Denial by Facility
- ☐ Mail Handling
- ☐ Dietary
- ☐ Transfer Denial by Transfer Coordinator
- ☐ Restoration of Good Time
- ■ Medical Treatment
- ☐ ADA Disability Accommodation
- ☐ HIPAA
- ☐ Other (specify) _____
- ☐ Disciplinary Report: ___/___/___ (Date of Report) _____ (Facility where issued)

Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification.

Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Shakedown Record, etc.) and send to:

Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to direct review by the Administrative Review Board.
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Administrative Review Board, only if the issue involves transfer denial by the Transfer Coordinator, protective custody, involuntary administration of psychotropic drugs, issues from another facility except personal property issues, or issues not resolved by the Chief Administrative Officer.

Summary of Grievance (Provide information including a description of what happened, when and where it happened, and the name or identifying information for each person involved):

I was seen by Doctor Martija on several occassions concerning some illnesses that I suffer, such as diabetes and other illnesses. Doctor Martija has prescribed medications to me, on a continuous bases that she knew or should had known I was not suppose to take because of other Chronic illnesses that I suffer. Doctor Martija do not make note's in the medical file's concerning the interviews, She do not look at the medical history before prescribing medication causing my condistion

Relief Requested: To be seen by an outside doctor who will tell me the truth about my condition.

☐ Check **only** if this is an **EMERGENCY** grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.

Williams, M. (Offender's Signature) A-01181 (ID#) 6/15/15 (Date)

(Continue on reverse side if necessary)

Counselor's Response (if applicable)

Date Received: 6/30/15 ☐ Send directly to Grievance Officer ☐ Outside jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277

Response: A copy of this grievance has been fowarded to the HCU for review and response and the original grievance has been forwarded to the grievance office. There is no need to send your copy to the grievance office at this. You will receive

TO become worse and causing me pain. Doctor Martija with holds from me information concerning my condistion or will not say anything at all. Doctor Martija has prescribed to me the following RANITIDINE, METFORMIN, ETC. KNOWING that these medications is not to be taken by people with Kidney disease. Doctor Martija has bright about a conspiracy to worsen the condisions of those of us who suffer from the disease Hep-C because they (Wexford) do NOT want to treat the disease. Once the disease has reached a certain stage, there is no treatments that can help and therefore her misson is accomplished.

IF Something is not done concerning this woman's Lie's and presribing bogus medications. Civil Action will be taken.

Doctor? Martija's decisions are not based on my condition, her decisions are based solely on saving Wexford money and she has no problem telling us that.

ILLINOIS DEPARTMENT OF CORRECTIONS

Administrative Review Board
Return of Grievance or Correspondence

Offender: Williams (Last Name) Melvin (First Name) ____ (MI) A01181 (ID#)

Facility: Statesville CC

☒ Grievance: Facility Grievance # (if applicable) _____ Dated: 6/15/15 or ☐ Correspondence: Dated: _____

Received: 8/21/15 (Date) Regarding: Medical - wants to see outside physician for diabetes & other unnamed issues

The attached grievance or correspondence is being returned for the following reasons:

Additional information required:

- ☐ Provide a copy of your written Offender's Grievance, DOC 0046, including the counselor's response, if applicable.
- ☒ Provide a copy of the Response to Offender's Grievance, DOC 0047, including the Grievance Officer's and Chief Administrative Officer's response, to appeal.
- ☐ Provide dates of disciplinary reports and facility where incidents occurred.
- ☐ Unable to determine nature of grievance or correspondence; submit additional specific information. Please return the attached grievance or correspondence with the additional information requested to: Administrative Review Board, Office of Inmate Issues, 1301 Concordia Court, Springfield, IL 62794-9277

Misdirected:

- ☐ Contact your correctional counselor regarding this issue.
- ☐ Request restoration of Statutory Sentence Credits to Adjustment Committee. If the request is denied by the facility, utilize the offender grievance process outlined in Department Rule 504 for further consideration.
- ☐ Contact the Record Office with your request or to provide additional information.
- ☐ Personal property issues are to be reviewed at your current facility prior to review by the Administrative Review Board.
- ☐ Address concerns to: Illinois Prisoner Review Board, 319 E. Madison St., Suite A, Springfield, IL 62706

No further redress:

- ☐ Award of Supplemental Sentence Credits are discretionary administrative decisions; therefore, this issue will not be addressed further.
- ☐ Not submitted in the timeframe outlined in Department Rule 504; therefore, this issue will not be addressed further.
- ☐ This office previously addressed this issue on _____ (Date).
- ☐ No justification provided for additional consideration.

Other (specify): _____

Completed by: Debbie Knauer (Print Name) Debbie Knauer (Signature) 9/18/15 (Date)

Distribution: Offender, Inmate Issues

Printed on Recycled Paper

DOC 0070 (Rev.4/2013)

F-245

ILLINOIS DEPARTMENT OF CORRECTIONS
OFFENDER'S GRIEVANCE

Date: 2-20-15	Offender: (Please Print) Williams, M.	ID#: A-01181
Present Facility: STATEVILLE	Facility where grievance issue occurred: STATEVILLE	

NATURE OF GRIEVANCE:

- ☐ Personal Property
- ☐ Staff Conduct
- ☐ Transfer Denial by Facility
- ☐ Mail Handling
- ☐ Dietary
- ☐ Transfer Denial by Transfer Coordinator
- ☐ Restoration of Good Time
- ☒ Medical Treatment
- ☐ ADA Disability Accommodation
- ☐ HIPAA
- ☐ Other (specify): _____

GRIEVANCE OFFICE
FEB 27 2015
STA# 781

☐ Disciplinary Report: ___/___/___ (Date of Report) _____ (Facility where issued)

Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification.

Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Shakedown Record, etc.) and send to:

Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to direct review by the Administrative Review Board.
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Chief Administrative Officer, only if **EMERGENCY** grievance.
Administrative Review Board, only if the issue involves transfer denial by the Transfer Coordinator, protective custody, involuntary administration of psychotropic drugs, issues from another facility except personal property issues, or issues not resolved by the Chief Administrative Officer.

Summary of Grievance (Provide information including a description of what happened, when and where it happened, and the name or identifying information for each person involved):

I am having trouble with my vision. It is becoming more and more difficult for me to focus. My eye's often feel as though they are swollen, mostly at night. I suffer from Glaucoma and I am very much concerned that I am losing my sight.

I believe that the presure in my eye's are dangerously high and I need it checked.

Relief Requested: To be seen by a eye doctor A.S.A.P!

☒ Check only if this is an **EMERGENCY** grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.

Williams, M. (Offender's Signature) A-01181 (ID#) 2.20.15 (Date)

(Continue on reverse side if necessary)

RECEIVED
ADMINISTRATIVE REVIEW BOARD

Counselor's Response (if applicable)

Date Received: AUG 26 2015

☐ Send directly to Grievance Officer

☐ Outside jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277

Response:

ILLINOIS DEPARTMENT OF CORRECTIONS
OFFENDER'S GRIEVANCE (Continued)